

South African
National AIDS Council
(SANAC Trust)



**THE SOUTH AFRICAN NATIONAL MULTI-SECTOR
FRAMEWORK
FOR HIV, TB & STI RESPONSE**

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PART ONE: INTRODUCTION

1.1. INTRODUCTION AND BACKGROUND TO THE FRAMEWORK

- 1.1.1. South Africa has one of the highest HIV prevalence rates in the world and carries one of the largest HIV treatment burdens. With an estimated prevalence of 8.2 million people living with HIV, a total of 172 200 TB diagnoses, of which 4% were multidrug-resistant TB (MDR-TB), as well as the high number of Sexually Transmitted Infections (STIs), there is a legitimate concern about the country's state of responses towards HIV, TB and STIs (SANAC, 2023). Despite these concerns, it is essential to note and appreciate the government's continuous commitment and responsive efforts of addressing these epidemics.
- 1.1.2 In the year 2000, the government established SANAC as the highest body to advise it on all matters relating to HIV, TB and STIs (SANAC, 2022). Following the launch of SANAC's first strategic plan (NSP) (2000-2005), the SANAC was decentralised to provinces, districts, local levels, and communities, which saw the establishment of Provincial Councils on AIDS (PCA), District AIDS Councils (DACs), Local AIDS Councils (LACs) and Ward AIDS Committees (WACs) (hereafter referred to as the AIDS councils). The main role of these AIDS councils is to coordinate, implement, monitor, and evaluate progress on implementation of the subnational plans and to advise the Provincial Executive Councils and the Mayoral Councils on issues relating to HIV, TB and STIs. PCA are expected to have Provincial Implementations Plans (PIP) while DACs are expected to have Multi-sectoral District Implementation Plans (MDIP) that mirror the NSP.
- 1.1.3 Responses to HIV, TB and STIs are guided by the National Strategic Plans, with the most recent, the NSP (2023 to 2028), which provides for SANAC to build the capacities of its PCA, DAC and LAC structures.
- 1.1.4 Since the establishment of the AIDS Councils and the start of the national strategic plan for HIV, TB and STIs, the country has progressed well in addressing these epidemics. These efforts are well acknowledged, particularly its commitment to curbing HIV through what has become the world's largest antiretroviral therapy (ART) program and the successes in a 77% reduction of TB deaths among people living with HIV (SANAC, 2020; UNAIDS, 2021). In taking the country's efforts to the next level, the SANAC introduces the South African National Multi-Sector Policy Framework for HIV, TB, and STIs, seeking to guide the country's responses and activities towards HIV, STIs and TB.

1.2. THE RATIONALE FOR THE FRAMEWORK

- 1.2.1 South Africa has made international commitments to addressing the HIV, TB and STI epidemics. These commitments, such as the United Nations Sustainable Development Goals (SDGs), call for a multi-sectoral approach to achieve health and well-being for all. In South Africa, the multisectoral approach was among others, established through the South African National AIDS Council by means of a cabinet decision in the year 2000. Since its establishment, SANAC has held together and led the South African response to

HIV, TB and STIs. However, SANAC was not established as a juristic person. Owing to this, SANAC has had several challenges relating to lack of authority to hold its stakeholders accountable.

1.2.2 Although significant progress has been made in addressing HIV, TB and STIs, South Africa still faces a particularly high burden of HIV and TB. HIV prevalence is among the highest in the world, and the country also experiences a high incidence of TB. Stigma and discrimination are significant barriers to accessing healthcare services for people affected by HIV, TB, and STIs. The HIV, TB, and STI epidemics have wide-ranging social and economic consequences. They affect economic productivity, strain healthcare systems and exacerbate healthcare costs.

1.2.3 SANAC has learnt valuable lessons from its previous responses to HIV, TB, and STIs, which prompted the need for a more coordinated, evidence-based, accountable, and multi-sectoral approach towards effective resource allocation and efficient and sustainable responses. It was some of these lessons that triggered the need for this Multi-Sector Policy Framework for HIV, TB and STIs.

1.2.4 The South African National Multi-Sector Policy Framework for HIV, TB, and STIs is a comprehensive strategic governance instrument designed to guide the establishment of the country's response structures to these public health challenges.

1.3. PURPOSE AND OBJECTIVES OF THE POLICY FRAMEWORK

1.3.1. Purpose of the policy framework

Replacing the SANAC Procedural Guidelines and all other tools and instruments used to establish the AIDS Councils, which were considered during the development of and have since been incorporated into this Multi-Sector Policy Framework, the goal and objectives of the Framework are:

GOAL	OBJECTIVES
<p>The purpose of this framework is to ensure that all national and subnational structures of SANAC are streamlined and fit for purpose to deliver on its mandate, ensuring good governance and accountability of SANAC and its constituency.</p>	<ul style="list-style-type: none"> ✓ To Provide an enabled policy environment to guide the coordination of the multisector HIV, TB and STI response, ✓ Ensure that all SANAC structures are streamlined and fit for purpose to achieve their mandates, ✓ Describe governance, leadership, and coordination arrangements for the response in the country, ✓ To establish the membership, roles, and responsibilities of SANAC and all AIDS Councils Plenaries and Committees. ✓ (Outline accountability mechanisms for the multi-sector response and describe consequence management for non-compliance, ✓ To outline systems for holding committee members accountable for their actions and decisions, including the administration and governance. ✓ To ensure that all members of SANAC and AIDS Councils structures who act on behalf of SANAC and AIDS Councils are aware of their duties and responsibilities as committee members/representatives.

	<ul style="list-style-type: none">✓ Outline the rules of engagement among all the structures of SANAC including AIDS Councils,✓ Outline a standardised approach towards the strengthening of the AIDS Councils including SANAC and all its sectors,
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1.4. KEY FEATURES AND PRINCIPLES OF THE POLICY FRAMEWORK

1.4.1. This policy framework adopts a multi-sectoral approach, which emphasizes the need for long-term planning, resource mobilization and allocation, monitoring and evaluation; and integration of these public health issues into broader health and development agendas. Furthermore, the approach requires cooperation across all sectors of society to mitigate the broader impact of these issues on society. As such, a unified framework allows for a more efficient and integrated response. Therefore, this framework is aimed at driving an effective South African Multi-Sector response to HIV, TB and STIs and it seeks to address the following key components and best practices for effective national, provincial, districts and local AIDS Councils:

1.4.1.1 Legal Framework and Mandate:

- In the absence of a clear legal framework that establishes the AIDS Council's authority, responsibilities, and scope of work, this Multi-sector Policy Framework will serve as a sole governance instrument describing the authority, responsibilities, and scope of work for all AIDS Councils including SANAC and their structures and committees.
- Clearly defines the mandate of and outlines the role of AIDS Councils and their structures and committees in coordinating, monitoring, and implementing HIV/AIDS, TB and STIs programs.

1.4.1.2 Adequate Funding:

- Calls for sufficient and sustainable funding to support the AIDS Councils activities, including program implementation, research, and capacity-building.

1.4.1.3 Governance and Leadership:

- Functional AIDS Councils composed of representatives from various sectors including government, civil society and private sector.
- Strong and committed leadership that ensures effective decision-making and coordination.

1.4.1.4 Strategic Planning:

- Development and implementation of a comprehensive national HIV, TB and STIs strategy, that outlines objectives, priorities, and targets.
- Regular review and updates of the strategy to adapt to changing circumstances and emerging challenges.

1.4.1.5 Coordination and Collaboration:

- Collaboration with and among government departments, civil society organizations, private sector institutions and international partners to ensure a coordinated and multisectoral response to HIV, TB and STIs.

1.4.1.6 Data and Research:

- Data collection, analysis, and research to monitor the HIV, TB and STIs epidemic, evaluate program effectiveness, and identify emerging trends including the use of data and data driven decision-making to allocate resources efficiently.
- Forging an all-inclusive and representative research agenda for the country to enhance the country's response.

1.4.1.7 Advocacy and Awareness:

- Public awareness campaigns to reduce HIV and TB stigma, promote prevention, and encourage HIV testing and treatment, as well as TB and STI's screening.
- Advocacy efforts to secure political commitment and resources for the HIV, TB and STIs response.
- Advocacy efforts to include key and vulnerable populations to ensure that "No one is left behind"

1.4.1.8 Service Delivery:

- Support for the provision of comprehensive HIV, TB and STIs prevention, treatment, care, and support services.
- Ensuring that services are accessible, affordable and of high quality.

1.4.1.9 Capacity Building:

- Training and capacity-building programs for political principals, all AIDS Councils members, AIDS Councils Secretariat staff and partner organizations to enhance their knowledge and skills.
- Support for building the capacity of civil society organizations, private and sector formations.

1.4.1.10. Monitoring and Evaluation:

- Regular monitoring and evaluation of program activities and outcomes to assess progress and make necessary adjustments.
- Reporting on performance and impact to stakeholders, including government, communities, and donors.

1.4.1.11. Inclusivity and Community Engagement:

- Engagement of people living with HIV (PLHIV) and vulnerable populations in decision-making processes supported through Greater Involvement of People Living with HIV and AIDS (GIPA) principle.
- Efforts to address the specific needs and concerns of key populations at higher risk of HIV, TB and STIs infection.

1.4.1.12. Transparency and Accountability:

- Transparent financial management and reporting to ensure accountability for the use of resources.
- Regular reporting on progress to the public, government, and international partners.

1.4.1.13. Adaptability:

- Flexibility to respond to emerging challenges, such as changes in the HIV, TB and STIs epidemics, the introduction of new treatment and prevention technologies, emergence of new pandemics, or evolving social and political contexts.

1.4.2. A successful implementation of this Multisector Policy Framework will require that all AIDS Councils including SANAC, adopt these best practices to achieve an effective Multi-Sector HIV, TB and STIs response.

1.5. INSTITUTIONAL FRAMEWORK AND INSTITUTIONAL ARRANGEMENT FOR SANAC AND ITS COUNCILS

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National AIDS Council
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1.5.1. As its name suggests, the South African National AIDS Council is a national structure and will replicate itself at all the different spheres of government as in Figure 1.1: below:

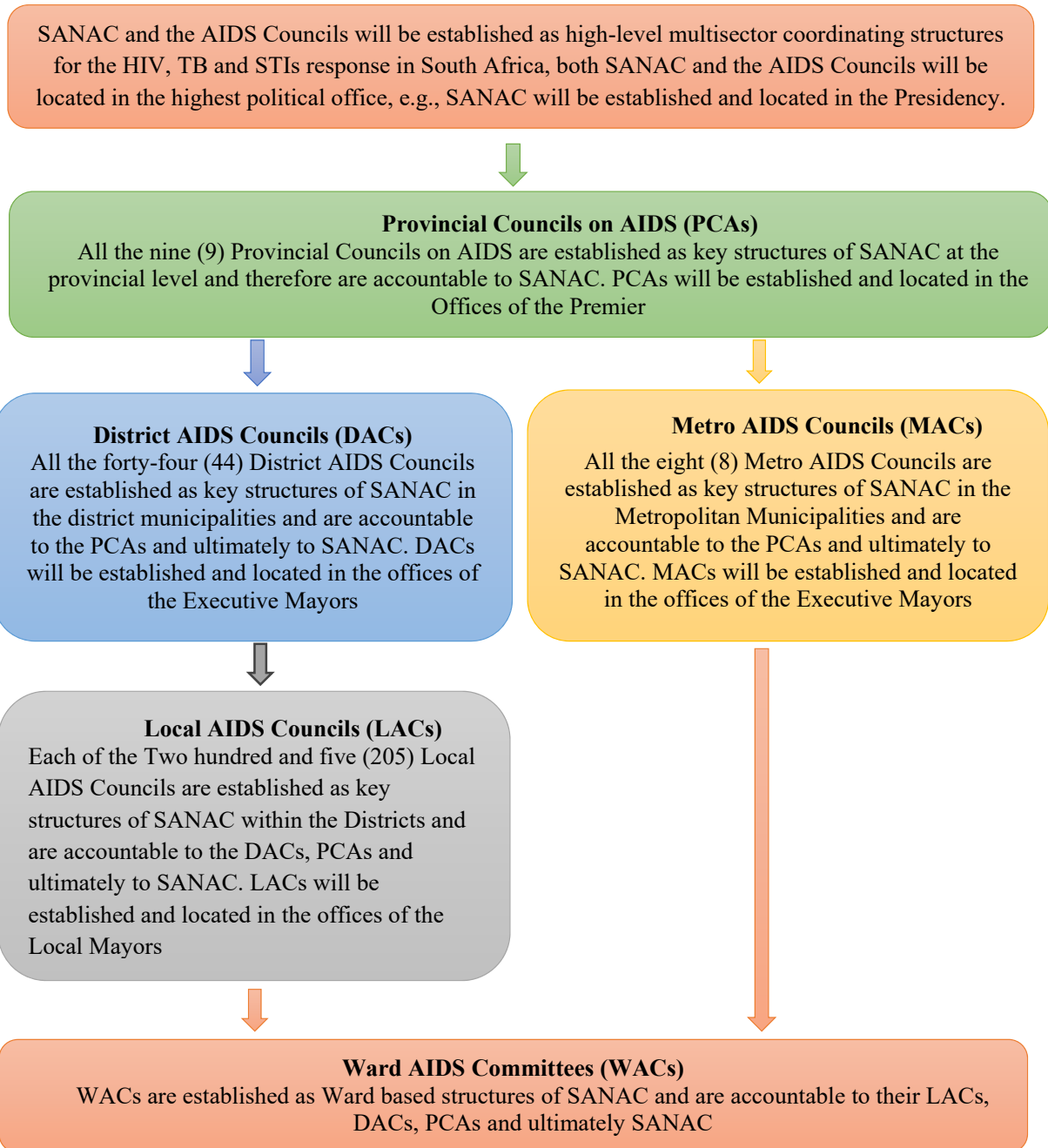


Figure 1.5: South African National AIDS Council

1.5.2. The Councils will be constituted of Government, Civil Society and Private Sector, as key sectors representing the response in the country. The Councils will be Co-chaired by elected leaders of each Sector as indicated below:

1.5.2.1. SANAC will be co-chaired as follows:

- (a) The Deputy President of South Africa as a leader of government in the Council,
- (b) National Civil Society Forum Chairperson – as an elected leader of civil society in the Council,
- (c) National Private Sector Forum Chairperson – as an elected leader of Private Sector in the Council,

1.5.2.2. PCAs will be co-chaired as follows:

- (a) Premier of the Provincial Government - as a leader of the provincial government in the Council,
- (b) Provincial Civil Society Forum Chairperson – as an elected leader of provincial civil society in the Council,
- (c) Provincial Private Sector Forum Chairperson – as an elected leader of provincial Private Sector in the Council,

1.5.2.3. DACs and MACs will be co-chaired as follows:

- (a) Executive Mayor of the District or Metro municipality as a local government leader in the Council,
- (b) District Civil Society Forum Chairperson – as an elected leader of district civil society in the Council,
- (c) District Private Sector Forum Chairperson – as an elected leader of district Private Sector in the Council,

1.5.2.4. LACs will be co-chaired as follows:

- (a) Local Mayor of the local municipality - as a local government leader in the Council,
- (b) Local Civil Society Forum Chairperson – as an elected leader of local civil society in the Council,
- (c) Local Private Sector Forum Chairperson – as an elected leader of local Private Sector in the Council,

1.5.2.5. WACs will be chaired by the Ward Councillor.

1.5.3 Recommended Models for the establishment of PCA

This Policy Framework recommends two distinctive models to establish the Provincial Council on AIDS. Provinces have therefore an option to choose either of the two models. The table below summarizes the differences in the two recommended PCA models.

Table:1.5: PCA Model 1 & PCA Model 2

Provincial Council on AIDS as an Entity	Provincial Council on AIDS Government Integrated
<ul style="list-style-type: none"> ✓ Location: Office of the Premier or any Identified place but reporting to Premier, ✓ Require Treasury approval in terms of section 38 (M) of the PFMA. ✓ Development and submission of the business case to Treasury and DPSA. (Business case require extensive consultation). ✓ Approval process for the establishment of the PCA as entity ✓ EXCO approval in respect of draft legislation (bill to establish entity) ✓ Passing of draft legislation by Provincial Legislature and Signing thereof into law Statutorily, inclusive of Councillors, this structure requires a Board/Council, with CEO and management. 	<ul style="list-style-type: none"> ✓ Location: Office of the Premier ✓ Policy decision within the context of section 125 of the Constitution require EXCO resolution. ✓ Resolution through a policy guide outlining the structure, powers, and function and how the District and Local AIDS Councils feed into the PCA. ✓ Principle approval by EXCO to be followed by broader multi-stakeholder consultations. ✓ EXCO's consideration and final resolution for the establishing of the Government Integrated Provincial Council on AIDS at Office of the Premier. ✓ The administrative support of the AIDS Councils would also be outlined in the policy document approved by EXCO. ✓ No specific legislation required, ✓ Aligned to SANAC requirement, adopted, and applied in most provinces. <p>Management and Cooperate leadership already exist in the Government Integrated AIDS Councils though it needs to be augmented and Boards/Councils to be established</p>

1.6. THE MANDATE, PURPOSE, AND FUNCTIONS OF THE AIDS COUNCILS

1.6.1. The overall mandate of the AIDS Councils

The overall mandate of SANAC will streamline across all its institutions and structures; and is to coordinate the multi-sector response to HIV, TB and STIs by ensuring the following:

- (a) Mobilizing all sectors of the society to participate in the response,
- (b) Develop a multi-sector country plan for the response,
- (c) Coordinate the implementation of the plan,
- (d) Find the resources for the response,
- (e) Monitor the performance of the response.

1.6.2 Purpose and functions of the AIDS Councils

The purpose of the AIDS Councils is to foster dialogue and consensus between government, civil society and all other stakeholders in their strategies and programmes, in order to turn the tide against HIV, TB and STIs in South Africa. The main functions are specified in Table 1.6:

Table 1.6: The main functions of the AIDS Councils

SANAC	PCA	DAC/MAC, LAC and WACs
<p>(a) Coordinate and recommend the National Strategic Plan (NSP) for HIV, TB and STIs every five years.</p> <p>(b) Deliberate and recommend changes to the NSP after each mid-term review.</p> <p>(c) Deliberate on progress being made annually in the achievement of the NSP targets and make recommendations for addressing underachievement of NSP objectives.</p> <p>(d) Deliberate and make recommendations on major policy proposals under consideration by government departments.</p> <p>(e) Advocate for policy proposals from civil society, provincial and local governments, the private sector and technical experts and partners.</p> <p>Foster accountability among all structures, partners, and stakeholders in the national response</p>	<p>(a) Guide and facilitate the implementation in the Province of the National HIV and AIDS, STIs and TB strategic plan and other related matters.</p> <p>(b) facilitate, monitor, and evaluate the protection, promotion, and fulfilment of the rights of the affected and infected persons living with HIV and AIDS in the Province.</p> <p>(c) advocate for intensified HIV and AIDS awareness in the Province.</p> <p>(d) promote a uniform approach and cooperation by all organs of state in the provincial and local spheres in respect of any matter relating to HIV and AIDS.</p> <p>(e) advise the Government on HIV and AIDS and related matters.</p> <p>(f) monitor, evaluate and coordinate implementation programmes and strategies of the provincial multi-sectoral response to the epidemic.</p> <p>(g) ensure periodic review of the Province's HIV & AIDS, STI and TB Strategic Plan and other related matters.</p> <p>(h) mobilize resources for the implementation of HIV and AIDS, TB and STI programmes and strategies in the province at community level.</p> <p>recommend appropriate research around HIV and AIDS, TB and STIs.</p>	<p>(a) advise on:</p> <ul style="list-style-type: none"> (i) any proposed HIV and AIDS issues in the Municipal area. (ii) achieving operational uniformity of HIV and AIDS programmes in the Municipal area; and (iii) any matter related to HIV and AIDS provision <p>(a) assist the Departments in communicating decisions and relevant information on HIV and AIDS in the Municipal area to the public and all other stakeholders in the Municipal area by means of meetings, workshops, notices, and other published and electronic media.</p> <p>(b) liaise with national, provincial, District and local organisations concerned with HIV and AIDS related matters.</p> <p>(c) not later than 30 days before the commencement of each financial year finalize an action plan for the Council and submit to all relevant stakeholders.</p> <p>report quarterly to the Provincial Council on AIDS (PCA) or District AIDS Council (DAC).</p>

1.7. THE VALUES, PRINCIPLES AND LEGAL STATUS OF SANAC AND THE AIDS COUNCILS

1.7.1. Values and principles

SANAC and all its structures including the AIDS Councils will be guided by the following values and principles:

- (a) Equality: all sectors are equal and strategic partners members' involvement, and their participation is equal, non-judgemental, non-homophobic and non-transphobic. Membership of the AIDS Councils and participation therein is based on equitable representation in terms of race, gender, persons with disabilities.
- (b) Shared Accountability: All sectors and their constituencies are equally responsible for the success of the HIV, TB and STIs response as well as the success of the NSP. All members should carry out AIDS Councils mandate responsibly, transparently, accountably and honestly
- (c) Mutual Trust: All sectors and their constituencies including their members in the AIDS Councils will work on trust which should be the glue that binds all together,
- (d) Community Centric: grassroots communities are at the centre of what the AIDS Councils do. Representation in the AIDS Councils will include all communities including Key and Vulnerable populations. Participation of people living with HIV is based on the GIPA principles for appropriate representation of people living with HIV on the SANAC committee structures.
- (e) Consistency: The AIDS Councils do what they do consistently and actions of all members of the Councils count, they are predictable and deliberate.
- (f) Integrity: All the structures, sectors and the members of the AIDS Councils will act with honesty and ethically.
 - i. Sectors represented on all SANAC committees must be legally registered and compliant with all relevant legal requirements.

Figure 1.7. below depicts the values that drive activities of the AIDS councils.



Figure 1.7: Values that drive activities of the AIDS council.

1.7.2. The legal status of the AIDS Councils

1.7.2.1 SANAC

Legally, SANAC is not juristic person. It can neither trade nor receive funds through trading. Neither can it sue or be sued. It is only the Secretariat under the governance of the SANAC Trust, that has authority to undertake all transactions on behalf of SANAC and to transact in the name of and on behalf of the SANAC Trust.

Unlike SANAC, the PCAs are established differently since they are led by government.

1.7.2.2 Provincial, District and Local AIDS Councils

In terms of their establishment, the Provincial, District and Local AIDS Councils have juristic personality, and are –

- (a) independent voluntary association;
- (b) a body corporate with perpetual succession;
- (c) capable of entering into contractual and other relations; and
- (d) capable of suing and of being sued in its own name.

Members of the Councils are not personally liable for any liabilities of the Councils.

1.8. LEGISLATIVE AND POLICY FRAMEWORKS

The AIDS Councils and their business are underpinned by the relevant legislation and policies of the republic.

1.8.1 Enabling legislation

1.8.1.1. The South African Constitution

(a) *Section 40 (1)* of the Constitution of the Republic of South Africa (1996) (hereinafter, the Constitution) states that ‘*government is constituted as national, provincial and local spheres of government which are distinctive, interrelated and interdependent*’. The creation by the constitution of this decentralised government system also gave rise to the need for an Inter-Governmental Relations (IGR) system to give effect to the principles of cooperative government. *Section 40(2)* of the Constitution provides for all spheres of government to observe and adhere to chapter 2 (the Bill of Rights) and must conduct their activities within the parameters of this chapter.

(b) *Section 41(1)(h)* provides out that all spheres of government and organs of state must cooperate with one another in mutual trust and good faith.

(c) *Section 27 (1)* commits government to take reasonable measures in ensuring that everyone have access to housing, health care, education, food, water and social security. It further states that everyone has the right to have access to health care services, including reproductive health care.

(d) *Section 152. (1)* list the objects of local government, including to ensure the provision of services to communities in sustainable manner; to promote safe and healthy environment and to encourage the involvement of communities and community organisations in matters of local government.

(e) *Section 153* provides for municipalities to (i) structure and manage its administration and budgeting and planning processes to give priority to the basic needs of the community, and to

promote the social and economic development of the community; and (ii) participate in national and provincial development programmes.

1.8.1.2. The Inter-Governmental Relations Framework Act 13 of 2005

To realise the principles of cooperative governance as provided by *Section 40(1)* of the Constitution, Inter-Governmental Relations Framework Act 13 of 2005 (the IGR Framework Act), was promulgated in 2005 to provide for institutional framework for the three governmental spheres to facilitate coherent government and realization of developmental goals of government. The Act establishes provisions to guide the three spheres of government in terms of:

- (a) implementing policy and legislation
- (b) Establishing intergovernmental structures
- (c) Managing the conduct of IGR
- (d) Settling disputes
- (e) Establishing implementation protocols that facilitate integrated service delivery
- (f) Monitoring the implementation of and realisation of the developmental goals of government.

The IGR is about the following:

- (i) It is about three spheres of government working together to achieve a common goal with the understanding that no single part of government can achieve this goal alone.
- (ii) It involves spheres of government working together to ensure service delivery and the achievement of developmental outcomes. Thus, IGR is less about legal compliance and more about spheres of government working together to deliver on their mandates.
- (iii) According to the Act, the three spheres of government need to work in partnership and constantly communicate with each other so that each sphere is aware of its own roles and responsibilities as well as those of the other spheres in driving national development priorities and ensuring consideration of local needs in national and provincial decision-making processes.

1.8.1.3 The White Paper on Local Government (1998)

The White on Local Government defines a developmental local government as government that is committed to working with citizens and groups within the community to find sustainable ways to meet their social, economic, and material needs to improve their quality of lives.

- (a) Municipality requires active participation by citizens at four levels:
 - (i) As voters
 - (ii) As citizens who express, via different stakeholder associations, their views before, during, after the policy development process in order to ensure that policies are reflects community preferences as far as possible.
 - (iii) Consumers as end-users, as well as organised partners involved in the mobilization of resources for development via for-profit businesses, non-governmental organization, and community-based institutions.

- (iv) As participants in the development process, a municipality should develop mechanisms to ensure citizen participation in policy initiation and formulation, monitoring and evaluation of decision making and implementation.

1.8.1.4. Municipal Systems Act of 2000

- (a) *Section 4(2)(j)* of the Municipal Systems Act of 2000, provides that the Council of a municipality within the municipality's financial and administrative capacity and having regard to practical considerations, has the duty to:
 - (i) Exercise the municipality's executive and legislative authority and use the resources of the municipality in the best interests of the local community,
 - (ii) Encourage the involvement of local community
 - (iii) Consult the local community about amongst others, the available options about service delivery
 - (iv) Give local communities equitable access to the municipal services to which they are entitled
 - (v) Promote and undertake development in the community
 - (vi) Promote a safe and healthy environment in the community
 - (vii) Contribute, together with other organs of state, to the progressive realization of the fundamental rights contained in sections 24, 25, 26, 27 and 29 of the Constitution
- (b) *Section 4(3)* further states that a municipality in the exercise of its executive and legislative authority, respects the rights of citizens and those of other persons protected by the Bill of Rights.
- (c) In terms of *Section 3(1)*, Municipalities must exercise their executive and legislative authority within the constitutional system of cooperative government envisaged in section 41 of the Constitution.

1.8.1.5. Municipal Structures Act of 1998

- (a) *Section 84(1)* of the Municipal Structures Act of 1998 provides that a district municipality has among its powers and functions (i) Municipal health services serving the area of district municipality as a whole.
- (b) *Section 88(1)* states that a district municipality and local municipalities within the area of that district municipality must cooperate with one another by assisting and supporting each other.
- (c) *Section 3* provides that the MEC for local government in a province must assist the district municipality to provide support services to local municipality.

1.8.1.6. National Health Act (Act No. 61 of 2003)

The National Health Act provides a framework for uniform health system by considering obligations imposed by the Constitution and other related laws on the national, provincial, and local spheres of government regarding health services and related matters.

- (a) *Section 21(1)* provides among others, for the Director General to, in accordance with the national health policy, (f) participate in intersectoral and interdepartmental

- collaboration; (h) promote community participation in the planning, evaluation, and management of health services; (k) facilitate and promote the provision of health services for management. Prevention and control of communicable and non-communicable diseases; and (l) coordinate health services rendered by the national department with the health services rendered by provinces and provide such additional health services as may be necessary.
- (b) *Section 25(2)* states that the head of provincial department must in accordance with national health policy and relevant provincial health policy in respect of or within the relevant province, (q) consult with communities regarding health matters; (t) promote community participation in the planning, provision, and evaluation of health services.
- (c) *Section 32(1)* provides that every metropolitan and district municipality must ensure that appropriate municipal health services are effectively and equitably provided in their respective areas. Subsection (2) imposes a duty to a relevant MEC to assign such health services to a municipality in his or her province as contemplated in section 156(4) of the Constitution, including health and welfare services.

1.8.3 Enabling polices

1.8.2.1 The National Development Plan (NDP)

The NDP 2030 seeks to eliminate poverty and reduce inequality by 2030, by drawing on the energies of its people, growing an inclusive economy, building capabilities, enhancing state capacity and promoting leadership and partnerships throughout society. The success of the NDP is determined by collaboration between all sections of society and effective leadership by government. It is essential for sectors to collaborate. Some of the nine priorities set by the NDP to achieve a more effective health system include:

- (a) *Addressing the social determinants of health and disease by among others:*
- (i) implementing comprehensive approach;
 - (ii) ensuring collaboration across sectors and
 - (iii) promoting healthy diets and physical activity
- (b) *Strengthening health system by:*
- (i) strengthening leadership and management
 - (ii) Ensuring accountability to users;
 - (iii) Improving additional capacity and expertise with the focus on training and mentorship.
 - (iv) Promoting quality control in line with the Office of Health Standards Compliance (OHSC).
- (c) Improving health information systems by among others, integrating national health information system with the provincial, district facility and community-led information systems
- (d) Improving quality by among others, using evidence and prioritising meaningful public-private partnerships.

1.8.2.2 District Development Model (DDM): Coordination of local structure

The DDM gives effect to Chapters 3 and 7 of the Constitution respectively regarding cooperative government and local government. It is based on sections 41(h)(i-vi) and 154 of the Constitution, with the aim of accelerating, aligning, and integrating service delivery under a single development plan per district or metro that is developed jointly by national, provincial, and local government as well as business, labour and community in each district. According to the DDM, planning and spending across all three spheres of government should be integrated and aligned and each district or metro plan should be developed with the interests and inputs of communities. The DDM objectives that are applicable to AIDS Councils and their structures include:

- (a) to solve the silos at a horizontal and vertical level.
- (b) to maximise impact and align plans and resources at our disposal through the development of One District, One Plan, and One Budget.
- (c) to narrow the distance between people and government by strengthening the coordination role and capacities at the District and City levels;
- (d) to ensure inclusivity by gender budgeting based on the needs and aspirations of our people and communities at a local level;
- (e) to strengthen monitoring and evaluation at district and local levels;
- (f) to exercise oversight over budgets and projects in an accountable and transparent manner.

1.8 APPLICABILITY OF THE POLICY FRAMEWORK

- 1.9.1. This Policy Framework applies to SANAC and all AIDS Councils, their structures, committees and all of their activities.
- 1.9.2. All SANAC and AIDS Councils committees and their members are bound by this Multisectoral Policy Framework.
- 1.9.3. All committees and sectors may create terms of reference that outlines their purpose, scope and authority, provided that such terms of reference are not in conflict with and do not detract from the rights and responsibilities as set out in this multisectoral framework.
- 1.9.4. The policy framework shall also regulate the procedures for convening meetings of all SANAC and AIDS Councils structures and committees.
- 1.9.5. In the event of conflict between this Multisectoral Policy Framework and the terms of Reference for various sectors and committees, this Multisectoral Policy Framework take precedence.

1.10. AMENDMENT OF THE POLICY FRAMEWORK

- 1.10.1. The Structure of this multisectoral policy framework may be amended by a decision taken by at least 70% of the members present at a Plenary meeting where such amendments are tabled.

- 1.10.2. Any member of SANAC and the AIDS Councils may propose an amendment to the Multisectoral Policy Framework through a motion tabled and debated at a SANAC or AIDS Council Plenary meeting.
- 1.10.3. In order to table a motion of amendment of the Structure of this Multisectoral Policy Framework in the Plenary, the notice of the Plenary meeting at which such amendment is to be proposed, together with supporting documents and the proposed wording of the amendment, shall be provided in writing within twenty-one (21) days to the Secretariat, prior to the sitting of such a meeting.
- 1.10.4. The notice shall be circulated to all Plenary members by the Secretariat no later than two weeks before the date of the Plenary meeting at which such an amendment is to be proposed.

PART TWO: FRAMING THE SOUTH AFRICAN HIV, TB AND STI RESPONSE

2.1 SOUTH AFRICA'S RESPONSE TO HIV, TB AND STIS

- 2.1.1. South Africa's response to HIV and AIDS, TB and STI's is characterized by a multifaceted approach aimed at prevention, treatment, and support. The country has one of the world's largest and most comprehensive HIV antiretroviral therapy programs (ART), with a strong emphasis on ensuring access to ART for those in need. In the case of TB, South Africa faces one of the highest TB burdens globally, as well as the phenomenon of living with the dual disease of HIV and TB. The government has implemented various strategies to improve early detection and treatment.
- 2.1.2. The response also includes education and awareness campaigns, condom distribution, and the promotion of safe sex practices to combat the spread of STIs. Despite the progress made, challenges such as high infection rates and healthcare disparities persist, underscoring the ongoing importance of these initiatives in the country's public health agenda.
- 2.1.3. South Africa's response to HIV and AIDS, TB and STIs is organised under SANAC and coordinated through a multi-sector approach (MSA).

2.2. MULTI-SECTOR APPROACH (MSA)

- 2.2.1. A multi-sectoral response is advocated for by international organisations as a good strategy to address the multiple drivers of HIV, TB and STIs and was historically mandated as a condition for funding. It is increasingly recognised that no single sector can address the multiple drivers and impacts of these epidemics, and that integrated, multi-level efforts by government, working together with other sectors, including civil society and the private sector are necessary. Multi-sectoral approaches to HIV, TB and STIs 'seek to significantly reduce HIV prevalence, provide care and treatment to those living with HIV and AIDS', and mitigate the impact of the epidemic to those affected, by employing the appropriate mix of health and non-health-based interventions, and involving a broad array of stakeholders from multiple sectors in their design and implementation.
- 2.2.2. At the 2001 United Nations General Assembly Special Session, member countries made a declaration of commitment to develop and implement multi-sectoral national strategies and financing plans to combat HIV. UNAIDS further developed the 'Three Ones' principle:
 - one agreed HIV and AIDS action framework that provides the basis for coordinating the work of all partners.
 - one national AIDS coordinating authority, with a broad multi-sector mandate, and
 - one agreed country-level monitoring and evaluation system, with the aim of encouraging concerted action on HIV and AIDS at the national level and harmonising donor interventions.
- 2.2.3 South Africa like many countries in sub-Saharan Africa, has adopted a multi-sectoral approach in the national HIV, TB and STIs coordination mechanisms and strategies. It

is mandatory that all structures and committees of SANAC and the AIDS Councils adopt and implement the multi-sector approach.

2.3 THE NATIONAL STRATEGIC PLAN

2.3.1. For a coordinated and comprehensive response, South Africa will every five years develop as guided by the UNAIDS “Three Ones” a National Strategic Plan for HIV, TB and STIs. SANAC has been tasked to coordinate the multi-sectoral development of the NSP. SANAC will do this, as has been doing since 2005, with the first generation NSP, which paved a way for SANAC activities and the subsequent generations of the NSP.

2.3.2. The NSP for HIV, TB and STIs will be a “One agreed roadmap” which forms the basis for coordinating the work of all partners in South Africa’s response to HIV, TB and STIs. The NSP shall therefore:

- (a) set clear priorities for allocation of resources and accountability, therefore enabling a link between priorities, resources flow and outcomes or results.
- (b) have systems for regular joint reviews and partners’ consultation on progress.
- (c) commitment by external support agencies to coordinate their mandates within the NSP.
- (d) appreciate the connection between the NSP and other development frameworks as well as associated partner agreements.
- (e) be based on a framework for affirming and optimising the growing drive to engage civil society organisations and the private sector in its delivery.

2.3.3. The development of the new NSP will be a resolution of the SANAC Plenary endorsed through the South African Cabinet.

2.4. PROVINCIAL IMPLEMENTATION PLANS (PIP)

2.4.1. Each province shall have a provincial implementation plan (PIP) serving as a commitment to cement the involvement of all stakeholders (Government, non-government, private sector, civil society and traditional authorities) in the response to HIV, TB and STIs.

2.4.2. In nature the Provincial Implementation Plans will be high level implementation plans for the NSP outlining how each province will meet their allocated set of commitments in the NSP. The PIPs shall outline an implementation plan over a five-year period with clear goals and objectives and interventions drawn from the NSP and focusing on impact. The development of the PIPs will be a resolution of the SANAC Plenary endorsed through the PCA Plenary and the Provincial Executive Council (EXCO).

2.5. MULTI-SECTOR DISTRICT IMPLEMENTATION PLANS (MDIPs)

2.5.1. Each district shall have a multi-sector district implementation plan (MDIP) based on the PIP. The MDIP commits all stakeholders to implementation of strategies in

response to HIV, TB and STIs within the district. In nature the MDIPs are short-term operational plans for the implementation of the PIPs.

- 2.5.2. The MDIPs shall be one-year operational plans reviewed annually over the term of the PIP, with attainable goals, objectives and interventions. The MDIP should have the following:
- 2.5.3. The preamble of the MDIP shall outline the council's commitment to respond to HIV, TB and STI, the definition of central terms of the MDIP as well as the strategic functions and objectives of the council.
- 2.5.4. The development of the MDIPs will be a resolution of the PCA Plenary as endorsed through Provincial EXCO and the Municipal Council.

2.6. MULTI-SECTOR LOCAL IMPLEMENTATION PLANS (MLIPs)

- 2.6.1. Each Local AIDS Council shall have a multi-sector local implementation plan (MLIP) based on the PIP. The MLIP commits all stakeholders to implementation of interventions in response to HIV, TB and STIs within the local municipality. Like the MDIPs, in nature the MLIPs are short-term operational plans for the implementation of the PIPs.
- 2.6.2. The MLIPs shall be one-year operational plans reviewed annually over the term of the PIP, with attainable goals, objectives and interventions.
- 2.6.3. The development of the MLIP will be a resolution of the PCA Plenary as endorsed through Provincial EXCO and the Municipal Council

Government departments and all other stakeholders and partners will mainstream HIV and AIDS into all their policies, strategies, action plans and programmes to promote an integrated focus on the NSP for a coordinated and effective HIV, TB and STI response.



South African
National AIDS Council
(SANAC Trust)

**PART THREE: GOVERNANCE STRUCTURES FOR THE HIV, TB AND STI
RESPONSE IN SOUTH AFRICA**

The following figure displays a visual description of the architecture of SANAC and the AIDS councils.

Figure 3: The architecture of SANAC and the AIDS councils.

South African National AIDS Council (SANAC Trust)

ARCHITECTURE OF SANAC AND THE

